| Lacal Cada | Description | Maximum | Payment Palicy Paterones |
|------------|---|------------|--------------------------------|
| Local Code | Description Claimant Private transportation and with | Fee | Payment Policy Reference |
| 0401A | Claimant - Private transportation, per mile | State Rate | To reimburse claimant costs |
| 0402A | Claimant - Parking | By Report | |
| 0403A | Claimant - Bridge ferry tolls | By Report | To reimburse claimant costs |
| 0405A | Claimant - Commercial fare (airlines, railroad) | By Report | To reimburse claimant costs |
| 0406A | Claimant - Lodging (hotel/motel) | State Rate | To reimburse claimant costs |
| | Claimant - Breakfast | State Rate | To reimburse claimant costs |
| | Claimant - Lunch | State Rate | To reimburse claimant costs |
| 0409A | Claimant - Dinner | State Rate | To reimburse claimant costs |
| 0411A | Claimant - Time lost from work to attend department or self-insurer requested IME | By Report | To reimburse claimant costs |
| 0412A | Claimant - Travel related to a department or self-insurer requested exam | State Rate | To reimburse claimant costs |
| 0413A | Claimant - Miscellaneous travel (must specify) | State Rate | To reimburse claimant costs |
| 0414A | Claimant - Taxi one way, or mileage | By Report | To reimburse claimant costs |
| 0415A | Claimant - Replacement of clothing | By Report | To reimburse claimant costs |
| 0420A | Lumbar seat support | By Report | To reimburse claimant costs |
| 0424A | Claimant - Wheelchair accessories/supplies/ batteries | By Report | To reimburse claimant costs |
| 0425A | Claimant - Oxygen supplies/miscellaneous | By Report | To reimburse claimant costs |
| 0426A | Silicone elastomer/scar conformer | By Report | To reimburse claimant costs |
| 0440A | Weight loss program, joining fee, worker reimbursement | \$136.47 | To reimburse claimant costs |
| 0441A | Weight loss program, weekly fee, worker reimbursement | \$27.30 | To reimburse claimant costs |
| 2050A | Level 1: Chiropractic care visit (straightforward complexity) | \$36.33 | Professional Services, Page 65 |
| 2051A | Level 2: Chiropractic care visit (low complexity) | \$46.53 | Professional Services, Page 65 |
| 2052A | Level 3: Chiropractic care visit (moderate complexity) | \$56.68 | Professional Services, Page 65 |
| 4570A | Claimant - Misc. medical supplies (must specify) | By Report | To reimburse claimant costs |
| 0010E | Ankle weight purchase | By Report | To reimburse claimant costs |
| 0012E | Wrist weight purchase | By Report | To reimburse claimant costs |
| 8901H | Attendant services by department approved spouse provider (per hour) | \$11.27 | Professional Services, Page 89 |
| 8902H | Nursing home or residential care (group home, boarding home) | By Report | Facility Services, Page 118 |
| 8906H | Facility hospice care (per day) | By Report | Facility Services, Page 118 |
| 8907H | Home health agency visit, RN (per day) | \$131.66 | Professional Services, Page 89 |
| 8912H | Home health agency visit, RN, each additional visit (per day) | \$55.37 | Professional Services, Page 89 |
| 8914H | Home modification, construction and design | By Report | Professional Services, Page 98 |
| 8915H | Vehicle modification | By Report | Professional Services, Page 98 |
| 8916H | Home modification evaluation and consultation | By Report | Professional Services, Page 98 |
| 8917H | Home/vehicle modification mileage, lodging, airfare, car rental | State Rate | Professional Services, Page 98 |
| 8918H | Vehicle modification initial evaluation or consultation | By Report | Professional Services, Page 98 |
| 8920H | Vehicle modification follow up consultation | By Report | Professional Services, Page 98 |
| 8950H | Comprehensive brain injury evaluation | \$3,664.77 | |

| | | Maximum | |
|------------|---|----------|---------------------------------|
| Local Code | Description | Fee | Payment Policy Reference |
| 8951H | Brain injury rehab program- full day | \$654.42 | Professional Services, Page 117 |
| 8952H | Brain injury rehab program- half day | \$392.66 | Professional Services, Page 117 |
| 1000M | Work hardening - Interview | \$103.18 | Professional Services, Page 59 |
| 1001M | Work hardening - Evaluation, per hour (max 5 hours) | \$103.18 | Professional Services, Page 59 |
| 1002M | Work hardening - Plan development | \$103.18 | Professional Services, Page 59 |
| 1003M | Work hardening - Week 1 - cond./aerobics, per hour (max 8 hours) | \$41.54 | Professional Services, Page 59 |
| 1004M | Work hardening - Week 1 - work simulation, per hour (max 8 hours) | \$41.54 | Professional Services, Page 59 |
| 1005M | Work hardening - Week 1 - conference | \$51.60 | Professional Services, Page 59 |
| 006M | Work hardening - Week 2 - cond./aerobics, per hour (max 8 hours) | \$41.54 | Professional Services, Page 59 |
| 007M | Work hardening - Week 2 - work simulation, per hour (max 15 hours) | \$41.54 | Professional Services, Page 59 |
| M800 | Work hardening - Week 2 - conference | \$51.60 | Professional Services, Page 59 |
| 1009M | Work hardening - Week 3 - cond./aerobics, per hour (max 8 hours) | \$41.54 | Professional Services, Page 59 |
| 1010M | Work hardening - Week 3 - work simulation, per hour (max 20 hours) | \$41.54 | Professional Services, Page 59 |
| 011M | Work hardening - Week 3 - conference | \$51.60 | Professional Services, Page 59 |
| 012M | Work hardening - Week 4 - cond./aerobics, per hour (max 10 hours) | \$41.54 | Professional Services, Page 59 |
| 1013M | Work hardening - Week 4 - work simulation, per hour (max 25 hours) | \$41.54 | Professional Services, Page 59 |
| I014M | Work hardening - Discharge conf. | \$103.18 | Professional Services, Page 59 |
| I015M | Work hardening - Preparation, per hour (max 2 hours) | \$103.18 | Professional Services, Page 59 |
| I016M | Work hardening - Body mech./education, per hour (max 6 hours) | \$41.54 | Professional Services, Page 59 |
| 1017M | Work hardening - Coordination, per hour (max 2 hours) | \$103.18 | Professional Services, Page 59 |
| 1018M | Work hardening - Job coaching, per hour (max 2 hours) | \$103.18 | Professional Services, Page 59 |
| 026M | Attending physician final report (PFR) | \$33.55 | Professional Services, Page 95 |
| 027M | Loss of earning power form (LEP) | \$9.44 | Professional Services, Page 95 |
| 028M | Review of job descriptions or job analysis, each additional review | \$16.78 | Professional Services, Page 97 |
| 037M | Physical capacities evaluation (PCE) or restrictions | \$21.42 | Professional Services, Page 95 |
| 038M | Review of job descriptions or job analysis | \$33.55 | Professional Services, Page 97 |
| 039M | Time loss notification | \$9.44 | Professional Services, Page 95 |
| 040M | Report of industrial injury or occupational disease/ report of accident (ROA) | \$25.69 | Professional Services, Page 95 |
| 041M | Application to reopen claim | \$25.69 | Professional Services, Page 95 |
| 044M | Physical medicine modality(ies) and/or procedure(s) by attending doctor not board | \$37.97 | Professional Services, Page 55 |
| | qualified/certified in PM&R | | |
| 045M | Performance-based physical capacities evaluation with report and summary of | \$622.33 | Professional Services, Page 55 |
| | capacities. | | , 3 |
| 046M | Provider mileage, per mile, when round trip exceeds 14 miles. | \$4.29 | Professional Services, Page 97 |
| 048M | Doctor's estimate of physical capacities | \$21.42 | Professional Services, Page 96 |
| 055M | Occupational disease history form | \$161.86 | Professional Services, Page 96 |
| 056M | Supplemental medical report (SMR) | \$15.88 | Professional Services, Page 96 |
| 057M | Opioid progress report supplement | \$15.88 | Professional Services, Page 96 |

| Local Code | Description | Maximum Fee | Payment Policy Reference |
|----------------|---|----------------|--------------------------------|
| 1061M | Claimant - per diem lodging/meals | By Report | |
| 1063M | Attending doctor review of independent medical exam (IME) | \$34.27 | Professional Services, Page 96 |
| | Initial report documenting need for opioid treatment | \$33.55 | Professional Services, Page 96 |
| 1100M | IME - Microfiche processing | \$51.87 | Provider Bulletin 04-07 |
| 1101M | IME - Microfiche additional fee | \$5.19 | Provider Bulletin 04-07 |
| 1104M | IME - Addendum report | \$99.99 | Provider Bulletin 04-07 |
| 1106M | IME - Limited, single | \$387.53 | Provider Bulletin 04-07 |
| 1108M | IME - Standard, single | \$435.20 | Provider Bulletin 04-07 |
| | IME - Complex, single | \$543.98 | Provider Bulletin 04-07 |
| 1111M | IME - No show fee, single examiner, standard or complex | \$185.19 | Provider Bulletin 04-07 |
| 1112M | IME - Additional examiner | \$387.53 | Provider Bulletin 04-07 |
| 1118M | IME - by psychiatrist | \$787.55 | Provider Bulletin 04-07 |
| 1120M | IME - No show fee, psych | \$287.06 | Provider Bulletin 04-07 |
| | IME - Communication issues | \$175.01 | Provider Bulletin 04-07 |
| 1124M | IME - Other | By Report | Provider Bulletin 04-07 |
| 1125M | IME - Physician travel per mile; allowed when round trip exceeds 14 mi. | \$4.27 | Provider Bulletin 04-07 |
| | IME - Occupational disease history | \$161.17 | Provider Bulletin 04-07 |
| 1129M | IME - Extensive file review, > 10 pages of fiche, per page | \$49.00 | Provider Bulletin 04-07 |
| 1130M` | IME - Terminated examination | \$310.02 | Provider Bulletin 04-07 |
| 1190M | Impairment rating exam and report by attending doctor, limited | \$387.53 | Provider Bulletin 04-07 |
| | Impairment rating exam and report by attending doctor, standard | \$435.20 | Provider Bulletin 04-07 |
| 1192M | Impairment rating exam and report by attending doctor, complex | \$543.98 | Provider Bulletin 04-07 |
| 1193M | Impairment rating exam and report by consultant, limited | \$387.53 | Provider Bulletin 04-07 |
| 1194M | Impairment rating exam and report by consultant, standard | \$435.20 | Provider Bulletin 04-07 |
| | Impairment rating exam and report by consultant, complex | \$543.98 | Provider Bulletin 04-07 |
| | Nurse case management phone calls, per 6 minutes | \$8.50 | Professional Services, Page 94 |
| 1221M | Nurse case management visit, per 6 minutes | \$8.50 | Professional Services, Page 94 |
| | Nurse case management case planning, per 6 minutes | \$8.50 | Professional Services, Page 94 |
| | Nurse case management travel/wait time, per 6 minutes | \$4.18 | Professional Services, Page 94 |
| | Nurse case management mileage, per mile | State Rate | Professional Services, Page 94 |
| 1225M | Nurse case management travel expenses (parking, tolls, ferry, lodging, airfare) | State Rate | Professional Services, Page 94 |
| | UR Contract: Prospective review - inpatient | Contracted | |
| | UR Contract: Prospective review - outpatient | Contracted | |
| | UR Contract: Retrospective outpatient review | Contracted | |
| 1243M | UR Contract: Retrospective inpatient review without bill audit | Contracted | |
| | Pain clinic contracted service | Contracted | |
| | Pain clinic contracted service | Contracted | |
| 2001M 2002M | Pain clinic contracted service | Contracted | |

| | | Maximum | |
|------------|---|------------|--------------------------------------|
| Local Code | Description | Fee | Payment Policy Reference |
| 2003M | Disability Prevention Eval. w/ extended PT/OT eval. | \$1,182.64 | For approved DPE providers only |
| 2004M | Disability Prevention Evaluation | \$974.45 | For approved DPE providers only |
| 9986M | Interpreter mileage, per mile | State Rate | Professional Services, Page 93 |
| 9989M | Interpretive services provided directly between the health care or vocational provider and the claimant, per minute | \$1.00 | Professional Services, Page 93 |
| 9990M | Assist claimant with completion of insurer form, per minute | \$1.00 | Professional Services, Page 93 |
| 9991M | Wait time for an appointment that does not begin at the scheduled time, per minute. | \$0.50 | Professional Services, Page 93 |
| 9996M | Interpreter "no show" wait time when a claimant does not attend an insurer requested IME, per minute | \$0.50 | Professional Services, Page 93 |
| 9997M | Document translation at insurer request, per minute | \$1.00 | Professional Services, Page 93 |
| 0301R | Retraining, plan travel, mileage | State Rate | |
| 0302R | Retraining, plan travel, parking | By Report | |
| 0303R | Retraining, plan travel, bridge/ferry toll | By Report | |
| 0304R | Retraining, plan travel, commercial transportation | By Report | |
| 0375R | Retraining, relocation costs | By Report | |
| 0378R | Stand Alone Job Analysis, non-VRC, per 6 minutes | \$7.74 | Professional Services, Page 100 |
| 0380R | Job modification | By Report | Professional Services, Page 98 |
| 0385R | Pre-job accommodation | By Report | Professional Services, Page 98 |
| 0388R | Plan development services, non-voc | By Report | - |
| 0389R | Pre-job or job modification consultation, non-VRC, per 6 minutes | \$9.41 | Professional Services, Page 98 & 100 |
| 0390R | Work evaluation, non-VRC, per 6 minutes | \$7.74 | Professional Services, Page 100 |
| 0391R | Travel/wait time, non-VRC, per 6 minutes | \$4.26 | Professional Services, Page 98 & 100 |
| 0392R | Mileage, non-VRC, per mile | State Rate | Professional Services, Page 98 & 100 |
| 0393R | Ferry charges, non-vocational | State Rate | Professional Services, Page 98 & 100 |
| V0080 | Early intervention services, VRC, per 6 minutes | \$7.74 | Professional Services, Page 99 |
| 0801V | Early intervention services, intern, per 6 minutes | \$6.58 | Professional Services, Page 99 |
| 0802V | Early Intervention Services Extension, VRC, per 6 minutes | \$7.74 | Professional Services, Page 99 |
| 0803V | Early Intervention Services Extension intern, per 6 minutes | \$6.58 | Professional Services, Page 99 |
| 0808V | Stand Alone Job Analysis, VRC, per 6 minutes | \$7.74 | Professional Services, Page 100 |
| 0809V | Stand Alone Job Analysis, intern, per 6 minutes | \$6.58 | Professional Services, Page 100 |
| 0810V | Assessment services, VRC, per 6 minutes | \$7.74 | Professional Services, Page 99 |
| 0811V | Assessment services, intern, per 6 minutes | \$6.58 | Professional Services, Page 99 |
| 0821V | Work evaluation, VRC, per 6 minutes | \$7.74 | Professional Services, Page 99 |
| 0823V | Pre-job or job modification consultation, VRC, per 6 minutes | \$7.74 | Professional Services, Page 99 |
| 0824V | Pre-job or job modification consultation, intern, per 6 minutes | \$6.58 | Professional Services, Page 99 |
| 0830V | Plan development services, VRC, per 6 minutes | \$7.74 | Professional Services, Page 99 |
| 0831V | Plan development services, intern, per 6 minutes | \$6.58 | Professional Services, Page 99 |

| Local Code | Description | Maximum Fee | Pourmont Boliou Beforence |
|------------|---|----------------|--------------------------------|
| | Description | | Payment Policy Reference |
| 0840V | Plan implementation services, VRC, per 6 minutes | \$7.74 | Professional Services, Page 99 |
| 0841V | Plan implementation services, intern, per 6 minutes | \$6.58 | Professional Services, Page 99 |
| 0881V | Forensic services, forensic VRC, per 6 minutes | \$9.25 | Professional Services, Page 99 |
| 0882V | Testimony on VRC's own work, VRC, per 6 minutes | \$7.74 | Professional Services, Page 99 |
| 0883V | Testimony on Intern's own work, intern, per 6 minutes | \$6.58 | Professional Services, Page 99 |
| 0884V | AGO witness testimony, VRC, per 6 minutes | \$7.74 | Professional Services, Page 99 |
| 0891V | Travel/wait time, VRC or forensic VRC, per 6 minutes | \$3.86 | Professional Services, Page 99 |
| 0892V | Travel/wait time, intern, per 6 minutes | \$3.86 | Professional Services, Page 99 |
| 0893V | Professional mileage, VRC, per mile | State Rate | Professional Services, Page 99 |
| 0894V | Professional mileage, intern, per mile | State Rate | Professional Services, Page 99 |
| 0895V | Air travel, VRC, intern, or forensic VRC | By Report | Professional Services, Page 99 |
| R0310 | Retraining tuition fees incl parking | By Report | To reimburse claimant costs |
| R0312 | Retraining supplies | By Report | To reimburse claimant costs |
| R0315 | Retraining equipment | By Report | To reimburse claimant costs |
| R0320 | Retraining examination and license fees | By Report | To reimburse claimant costs |
| R0330 | Retraining transportation mileage | By Report | To reimburse claimant costs |
| R0332 | Retraining parking | By Report | To reimburse claimant costs |
| R0334 | Retraining bridge ferry tolls | By Report | To reimburse claimant costs |
| R0336 | Retraining commerical transportation | By Report | To reimburse claimant costs |
| R0340 | Retraining books | By Report | To reimburse claimant costs |
| R0350 | Retraining other | By Report | To reimburse claimant costs |
| R0360 | Retraining board | By Report | To reimburse claimant costs |
| R0370 | Retraining room | By Report | To reimburse claimant costs |
| R0390 | Retraining child care licensd 6 hr/less | By Report | To reimburse claimant costs |
| R0392 | Retraining child care licensd 7-9 hrs ea | By Report | To reimburse claimant costs |
| V0028 | Travel, vocational services, claimant | State Rate | To reimburse claimant costs |